

## The State of New Hampshire Department of Environmental Services



### Michael P. Nolin Commissioner

August 10, 2004

Judith St. Laurent Derry Dental Associates 7 Peabody Road Derry, NH 03038 CERTIFIED MAIL
RETURN RECEIPT REQUESTED

**Notice of Past Violation** 

Re: Utilizing an Unregistered Hazardous Waste Transporter

Dear Ms. St. Laurent

The New Hampshire Department of Environmental Services, Waste Management Division ("DES") has documented a violation of the New Hampshire Hazardous Waste Rules relative to the failure to use a New Hampshire registered hazardous waste transporter. On July 13, 2004, Stericycle, Inc. ("Stericycle") picked up and transported hazardous waste from Derry Dental Associates ("DDA") located at 7 Peabody Road, Derry, NH. Stericycle transported hazardous waste from DDA office using Massachusetts Manifest Number MAQ621645. At the time of this pick-up and transportation, Stericycle was not a registered hazardous waste transporter. This Notice of Past Violation is to inform you that the referenced violation is on file at DES. No further action related to the violation documented in this Notice of Past Violation is required.

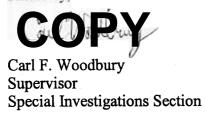
This notice is being sent to inform DDA of the violation to help DDA prevent similar violations in the future. Enclosed is a summary that lists the past violation. The corrective action taken consists of DDA obtaining the services of a New Hampshire Registered Hazardous Waste Transporter to transport hazardous waste from your office to an authorized facility.

DES recognizes that a great majority of the regulated community wants to prevent pollution and to comply with environmental laws. Your efforts to correct the referenced violation are appreciated.

A current copy of the New Hampshire Hazardous Waste Rules can be obtained from DES's website at http://www.des.state.nh.us/rules/hwrules.pdf, or by contacting the Public Information Center at (603) 271-2975. A current copy of the New Hampshire hazardous waste statute can be obtained from the State of New Hampshire's website at http://gencourt.state.nh.us/rsa/html/indexes/147-A.html.

If you or your staff have any questions regarding this matter, please feel free to contact Tammy Calligandes at (603) 271-3899.

Sincerely,



CERTIFIED MAIL: 7000 0600 0023 9932 1639

enclosure: Violation Summary, Manifest: MAQ621645

cc: DB/file/HWCS

Gretchen R. Hamel, Legal Unit Administrator

Stericycle, Inc.

# In case of emergency or spill, immediately call the National Response Center (800) 424-8802.



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF HAZARDOUS MATERIALS One Winter Street

Boston, Massachusetts 02108

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)								
	UNIFORM HAZARDOUS  1. Generator US EPA ID No.  Manifest  VHDSV 0 18 4 7 9 9 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Page 1 Information in the shaded areas     is not required by Federal law.				
	3. Generator's Name and Mailing Address Demy Dental Assaclates			A, State Manifest Document Number MA Q621645				
	7 Peabody Road			ité Gen .ID				
	4. Generator's Phone (6) 3 434-4462 De Vry NH 03038  5. Transporter 1. Company Name  6. US EPA ID Number	C 540	te Trans, ID	Transcription (1975)				
	5. Transporter 1 Company Name				111	$1.1\overline{1}$		
	7. Transporter 2 Company Name 8. US EPA ID Number			ensporter's Phone ( ete Trans. ID	860 63.	2-029	4	
	9. Designated Facility Name and Site Address _ 10. US EPA ID Number				111	1-11		
	ECOLOGY RECOVERY SYSTEMS, INC. 330 TACOMA St. SUITE #4			F.:Transporter's Phone ( Not Required;				
	WORCESTER, MA 01605  M <sub>1</sub> A <sub>1</sub> R <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 8	H. Facility's Phone ( 508) 852-8451						
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont No.	Type	~ 13. Total Quantity	14. Unit Wt/Vol	l. Waste	No.	
	* HAZARDOUS WASTE LIQUID OR SOLIDS N.O.S.		D.F.		C	ח ח	1 1	
	(SILVER), 9,NA3082 PG 111 or NA9189	DOR	D F	DODYO	G	ال ال		
	b. Non-Hazardous Waste Liquid, MA99							
	(SPENT DEVELOPER).		D F		G			
	c. Non-Hazardous Waste Liquid, MA99	A property of the second						
	(Wastewater).		D F		G	18 1		
R	d. RQ, Environmentally Hazardous Substances,						7,1	
	SOLID, N.O.S. (MERCURY), 9, UN3077, PG 111, LTD. QTY	DF		P				
	J. Additional Descriptions for Materials Listed Above (include physical state and hazard code.)  PHOTOGRAPHIC FIXER  a. SILVER OVER 5 MG/L  C.  K. Handling Codes for Materials Listed Above (include physical state and hazard code.)  A. T. J. 31							
	scrap dental amalga b. for recycling	m.	b.	1 1	d.			
	15. Special Handling Instructions and Additional Information							
	THIS SHIPMENT OF WASTE IS RESTRICTED FROM LAND DISPOSAL BECAUSE THE CONCENTRATION OF SILVER IS OVER 5 MG/L. IN CASE OF EMERGENCY CALL CHEMTREC 800-234-0051.							
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.							
	If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environ-							
	and that I have selected the practicable method of treatment, storage, or disposal currently available to the method that is ment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is a can afford.							
	Printed/Typed Name	1D	1	7	Month	Pay	Year	
Ī	17. Transporter 1 Acknowledgement of Receipt of Materials			Many.		Date	+ 17	
KAZSP	Printed Part I D				<b>y</b>			
0	18. Transporter 2 Acknowledgement of Receipt of Materials					Date		
R'TER	Printed/Typed Name Signature				Month	Day	Year	
F	19. Discrepancy Indication Space #/2 C # 13 Raf 7-14-04	_	_	3 4 5				
F A C	19. Discrepancy Indication Space #12 C#13 Rgf 4-14-04 #00 CONTAIN WAS NOT FILLED BY BYRON WAS FILLED IN BY Robert J FITZPATHIC				with is	108	14/	
Ļ	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manife	est except a	s noted i	in Item 19.		Date		
Ť	Printed/Typed Name (1/14 = 2/14 BIN, Signature	0		V	Month		Year	
	ECOLOGY RECOVER, SYSTEMS, INC. College		Lo	Te .	710	1/1/	12 P	

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## **Violation Summary**

Requirement(s) Cited	Description of Violation and Corrective Action Taken				
Env-Wm 507.03(c)(1)	Failure to ensure that hazardous waste is transported by a registered [New Hampshire] hazardous waste transporter.				